

and microscopic anatomy of acne." In this they have succeeded eminently. This book is highly recommended to all dermatologists and residents in training as a unique addition to their libraries.

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Handbuch der Haut- und Geschlechtskrankheiten, Vol. III/A, H. A. Gottron, and G. W. Korting Springer-Verlag, New York, 1975. (746 pp; \$157.50)

This latest volume of *Handbuch der Haut- und Geschlechtskrankheiten* covers most benign mesodermal and epidermal tumors, hemangiopericytoma, calcifying epithelioma, basal cell epithelioma, basal cell nevus syndrome, and, in addition, scleroderma and related disorders. In 746 pages, it offers detailed information as reflected by approximately 6000 references, 156 illustrations, and very voluminous author and subject indices.

Presentation, style, and quality of the individual contributions are variable. Dr. Wodniansky's article on benign skin tumors is erudite and comprehensive but somewhat longwinded and it wants for more lucidity. One wishes the author had dwelled less on the past (only 1.5% of the publications referred to appeared after 1965) and had discussed at more length timely issues such as pseudosarcomatous fibromas and histiocytomas, and the neoplastic vs reactive origin of mesenchymal tumors. In dealing with the adnexal tumors, tables would have facilitated understanding of complex matters such as enzyme histochemical profiles. There is no electron microscopic and only one enzyme histochemical picture to illustrate this predominantly morphologic topic. Reich's contribution on the hemangiopericytoma is pompous and circumlocutory. It is indigestible for a sober mind and adds little to the understanding of its subject. Dr. Holubar's contributions on basal cell epithelioma, calcifying epithelioma, and basal cell nevus syndrome are concise, well organized, well written, and copiously illustrated with excellent photographic material. Scleroderma and the description of its clinical aspects by Dr. Thiess and Dr. Misgeld is very well done.

More theoretical subjects, such as etiology and pathogenesis, however, are handled less satisfactorily. The authors tend to give confusingly full accounts of all hypotheses without making a point as to which ones should be abandoned and which not. One wonders what the personal view of the authors is and whether they really think that scleroderma may be due to toxoplasmosis or micrococcal infection. On the other hand, too little space is devoted to the relationship of scleroderma to dermatomyositis.

Reading the *Handbuch*, one wonders whether this type of encyclopedic approach to science is not anachronistic. Dermatology has probably grown too large to be compressed into prose complete with all facts and references and still be readable. Such books have little teaching value; they are too exhaustive for quick information and do not suffice for in-depth studies. Therefore, this book written in German, can be recommended for purchase to libraries and to those individuals who already own the preceding volumes.

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The Regional Manifestations of Scleroderma.

Slide Series No. 15-1A, Micro X-ray Recording, Inc., Chicago, Illinois. (\$22.00)

This is a series of 53 black and white 2" × 2" cardboard-mounted 35-mm slides taken from a collection of radiographs depicting regional manifestations of scleroderma. William T. Meszaros, M.D., a radiologist, compiled the collection which is accompanied by a pamphlet containing a brief outline of regional radiologic manifestations of scleroderma and brief legends for each of the slides.

The regional approach deals with soft tissues (8 slides), extremities (8), esophagus (7), stomach (1), small intestine (15), colon (6), heart and lungs (7), and teeth (1). The pamphlet lists 55 slides, but only 53 are enclosed. Approximately half of the slides are extracted directly from papers published by Dr. Meszaros in 1958 and 1959 in the radiologic literature. It appears that photographs were taken directly from roentgenograms in a retrospective review without retouching. A few slides had superficial artifacts from either the roentgenograms themselves or from the photographic reproduction of them.

The material presented is accurate and adequately displays the classic spectrum of findings in scleroderma. There are occasional outstanding films in each of several categories. The brief outline and legends presented fail to capitalize on several interesting findings seen on the films. For example, one film dealing with esophageal abnormalities shows surgical clips in the neck with diaphragmatic paralysis, presumably secondary to surgical sympathectomy for Raynaud's symptoms. For the slides showing soft tissue calcification in the extremities, no mention is made of the nice delineation of soft tissue atrophy and loss of soft tissue planes.

This relatively inexpensive package is useful primarily for lecture support, as an overview for undergraduate and postgraduate teaching of medical personnel; it is not aimed at the specialist. Without a syllabus it is less desirable for self-

instruction. The collection could have been improved considerably by the use of technical assistance available through many university-based biomedical communications departments.

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Superficial Fungous Infections in Humans:

Petri Dish Identification. Schering Laboratories, Kenilworth, New Jersey. (\$10.00 per set of 20 slides)

Superficial Fungous Infections in Humans consists of 20 slides depicting clinical cases, 100 displaying the gross appearance of colonies of dermatophytes, with an additional 40 slides showing colonies photographed under white and fluorescent light, and 40 microscopic culture mounts.

The slides showing the gross appearance of colonies will be welcome material for the instructor in Medical Mycology both in courses for dermatology and pathology residents and for technology students. Little benefit would be expected from the appearance of colonies in ultraviolet light, at least in routine laboratory work.

Especially in the microscopic section, guidance will be necessary by spoken work or reading to appreciate the importance in frequency and quality of sporulation in individual species; the sheets accompanying the slides only state, for instance, "*T. rubrum*, pyriform microconidia" without further elaboration. The clinical cases are a good introduction to the multitude of clinical responses caused by dermatophytes. Technically, most photographs are adequate, few are outstanding. Some colonies show little in the way of characteristic features.

The material would greatly gain by an associated sound track, particularly for self-instruction by the anxious candidate "beefing up" for board examination. Considering the absence of uniform taxonomy in medical mycology, only few exceptions were found to be standard nomenclature (*T. fluviumuniensis* is a synonym better presented as *T. rubrum*; *T. gallinae* has been reclassified as *Microsporum* in view of the spiny surface of its macroconidia).

Jan Schwarz, M.D.
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Metastasizing Basal Cell Carcinoma, Carmen

Thomas, M.D., 16-mm Sound Film; Squibb, Inc., Franklin Lakes, N.J.

My prediction is that this film will not become a classic. Technically, the film is acceptable; after adjusting to the initial light streaks, on a slightly scratched film, one finds the sound track adequate and the close-up photography good.

This unusual case presentation is that of a primary, erosive, ulcerative lesion of the anterior leg, untreated for 5 years. The histologic diagnosis is basal cell carcinoma. Subsequently, similar basaloid cells are found upon biopsy of an inguinal lymph node from the same extremity as the leg ulcer and soon thereafter similar basaloid cells are found in the bone marrow. From 10-18-65 until death on 4-1-66, the patient became rapidly cachectic and had severe anemia due to purported bone marrow replacement by tumor; initially there were a few skin nodules on the back, some of which had the clinical appearance of basal cell carcinomas, with final evolution of dozens of skin tumors widely disseminated over the trunk and extremities. Several of the lesions were biopsied and reported to represent basal cell carcinomas; no special stains or special histologic studies were described, though the histopathologic specimens had a striking glandular character to this reviewer. It was reported that the lesions did not respond to x-ray therapy, though the technique and doses were not described. At autopsy, tumor was found in the liver, spleen, and adrenals, in addition to the above-mentioned sites.

The producer attempts to leave a pearl for his audience by proposing that ulcerative basal cell carcinomas of the extremities, though rare, tend to metastasize, and therefore such patients should be carefully treated and observed.

The presentation is that of a single, bizarre case, presented in a disjointed manner. There is not convincing proof of the establishment of a histologic diagnosis of the tumor cells in the bone marrow, liver, or spleen. This along with failure of the tumor to be radiosensitive, as well as the patterns of disseminated metastases, seems to be out of character for a basal cell carcinoma. No statistics or data are given on the absolute rarity or mode of metastasis of basal cell carcinoma.

The film represents a most unusual sequence of events; as a teaching or training film for the student, it has little or no merit. It will leave the well-informed dermatologist with the frustrated feeling of wondering what this patient really had, for he knows he will never encounter another patient like this one.

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Clinical Applications of Lasers, Upjohn Professional Film Library, Kalamazoo, Michigan. (\$26.00)

The film outlines the areas of medicine in which lasers are already being used as therapeutic tools. It does not attempt to describe new diagnostic techniques or explore the many varied, interesting,